PERSPECTIVE FROM THE FIELD

Suicide Awareness Training for Faculty and Staff: A Training Model for School Counselors

Suicide among school-aged youth is a growing concern, and school personnel have a legal obligation to provide suicide prevention programming to faculty and staff. School counselors have the skills to provide such training, as well as to inform staff and faculty of school policy and procedures for referring potentially suicidal students. A step-by-step model is provided for school counselors to use and adapt for suicide in-service training.

Suicide rates among today's youth have risen dramatically since the 1950s (King, 2001). Currently, suicide is the third leading cause of death for children ages 10–19 and the only cause of death to increase for 10- to 14-year-olds in recent years (Hamilton et al., 2007). Suicide accounted for 7.2% and 12.4% of all deaths for younger and older adolescents, respectively, in 2004 (Hamilton et al.). Given these alarming statistics, school personnel have an obligation to do what they can to prevent suicides.

School authorities must decide how best to prepare personnel to recognize suicidal students and understand the school referral process. Options include (a) curriculum-based programs for students, (b) faculty and staff in-service training, and (c) school-wide screening programs to identify students at risk (Eckert, Miller, DuPaul, & Riley-Tillman, 2003). Schools must choose the best approach for their community.

Several studies have examined the effectiveness of suicide awareness training for staff. Slaven and Kisely (2002) found increases in knowledge about suicide risk factors and raised confidence in ability to help suicidal clients after training. Likewise, Davidson and Range (1999) provided suicide awareness in-service to student teachers and observed greater knowledge about suicide and referral procedures.

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Finally, teachers trained in suicide awareness were more knowledgeable of warning sign identification and prevention techniques following training (Klingman, 1990). In all cases, trainings were short and geared toward raising suicide awareness and referrals of potentially suicidal students.

Despite its effectiveness, a recent study (Gibbons & Studer, 2007) found few school counselors provided formal suicide awareness training to school faculty or staff due to the lack of a training model and limited time to create appropriate programming. Because this training can be an integral part of the primary prevention process, it is vital that school counselors lead the charge in addressing this issue. Therefore, the purpose of this article is to provide professional school counselors with a suicide awareness training model for school faculty and staff.

SUICIDE AWARENESS TRAINING

Several research projects (e.g., Davidson & Range, 1999; King, 2001; Popenhagen & Qualley, 1998) focused on the types of information that should be included in a faculty and staff suicide awareness training. Multiple themes emerged from this literature. First, although suicide awareness training directed at students has not been supported by the research, training for teachers and other school staff is effective (Kalafat & Elias, 1994; Scouller & Smith, 2002). These professionals are likely to come into contact with potentially suicidal students due to their frequent contact with youth (Hamrick, Goldman, Sapp, & Kohler, 2004). Second, programs can be short and still be successful (Davidson & Range; Klingman, 1990). Third, a suicide awareness presentation to school staff should include, at a minimum, demographics of suicide attempters and completers, risk factors, referral information (King; Popenhagen & Qualley; Scouller & Smith), a clear conceptual base, proven instructional strategies, and attention to local school and community demographics (Kalafat, 2003).

Fourth, school counselors are appropriate school

personnel to provide this training, because they are typically the ones to whom the referral is made (Gostelow, 1990; Popenhagen & Qualley, 1998), and they are integrally involved in providing suicide prevention activities and assisting with suicide interventions (American School Counselor Association, 2000). Finally, training should not be a one-time occurrence but rather built into the yearly calendar to remind school personnel of potentially suicidal behaviors and appropriate responses (Gostelow; Popenhagen & Qualley).

A SUICIDE IN-SERVICE TRAINING MODEL

The following model provides school counselors with strategies for implementing an in-service suicide awareness training for faculty and staff. This prototype is based on acceptable practices with the recommendation that the program be adapted to the needs and demographics of the community and school environment. The basic model includes planning, training, and evaluation components.

Pre-Training Planning

Gaining administrative support. In-service training on suicide awareness will succeed only when the school administrator understands the relevancy and importance of this type of program. Therefore, the first step in creating a suicide awareness workshop is to gain support from the principal, because without this endorsement, efforts to prevent suicidal behaviors will be ignored (Doan, Roggenbaum, & Lazear, 2003).

There is greater likelihood of receiving approval from the principal when the counselor takes time to demonstrate knowledge of legal issues surrounding suicide and identifies program objectives and rationale. In order to prepare principals for the legal issues, one option for discussing the importance of a suicide awareness program in the school is to provide a copy of Milsom's (2002) article on litigation related to suicide prevention in the schools. The article outlines several court cases where school personnel may be found criminally negligent in student suicide cases under certain circumstances. Additionally, Milsom recommended principals "take responsibility for ensuring that a suicide prevention program exists" (p. 31).

Garnering support for suicide awareness training at the elementary level may be particularly difficult due to the tendency of school administrators and staff to be unaware of the potential for suicide in elementary students. In these cases, school counselors may need to provide information about the rising suicide rate among 10- to 14-year-olds (Hamilton et al., 2007), and about suicide risk factors in children (see Barrio, 2007). These statistics may strengthen the argument for needing suicide awareness programming at the elementary level.

When and where to offer the training. Once administrative support is gained, the next step is deciding when and where to present the program. Ideally, prior to the start of the school year is the most appropriate time to provide knowledge of suicidal behaviors as well as the school's referral policy. As short programs on suicide awareness can be very effective (Davidson & Range, 1999), it is not necessary to set aside a large block of time for the workshop. The suggested presentation framework requires a minimum of one hour, with additional activities suggested for those who have more time.

Workshop participants. Finally, decisions need to be made regarding workshop participants. Because many school staff interact daily with students, the workshop is necessary for everyone who comes in contact with students. In addition to teachers and administrators, cafeteria workers, bus drivers, custodial staff, secretaries, coaches, and other support staff are to be included in the training. Providing a full workshop to new staff and faculty, with an abbreviated review session for those who have participated in the workshop in previous years, also may be considered.

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Presentation Components

The workshop model includes an evaluative component, a review of verbal and behavioral warning signs of suicide, school policies and procedures, beliefs about suicide, and opportunities to practice identifying suicidal behavior. Each of these elements is detailed below.

Step 1. A short quiz can be used as a pretest and posttest to determine knowledge acquisition. Options for an assessment may include statements regarding suicide myths vs. facts or multiple-choice questions about suicide statistics (see Appendix A). In either case, a pretest helps set the stage for learning about suicide, and may help school counselors understand the current level of knowledge among participants.

Step 2. During the didactic portion of the workshop, information on verbal and behavioral warning signs and general statistics about suicide are presented. Examples of verbal warning signs include "I can't stand living anymore," "Life is meaningless," and "I can't go on." Behavioral cues include giving away possessions, a decline in school performance, a change in social interactions, and drug or alcohol abuse (Suicide Awareness Voices of Education [SAVE], n.d.). Statistics on suicide rates and risk factors such as recent losses, poor problem-solving skills, relationship problems, and sexual identity issues (American Association of Suicidology, 2006) are additional discussion points.

A simple explanation of facts is not sufficient; a discussion of the warning signs and statistics is needed. For example, if presenting to an elementary school staff, information regarding the rising suicide rates in children helps dispel the myth that young children do not attempt suicide. Or, staff in an affluent school may need to understand that suicide cuts across socioeconomic lines and is not strictly a problem in low-income areas. Additionally, all school staff should learn that nearly all suicidal students try to let someone know how they feel before attempting suicide (SAVE, n.d.). This part of the training will require counselors to review information on suicide; articles by Barrio (2007), Capuzzi and Gross (2004), and Wise and Spengler (1997) are recommended. After participants demonstrate awareness of the warning signs of youth suicide, attention should be turned to school referral procedures.

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Step 3. A board-approved suicide intervention policy, created prior to staff training, needs to be developed by the school counselor and administrator if these procedures have not already been created. Policy and training components that need a thorough discussion include taking all threats seriously and immediately referring students displaying suicidal warning signs to the school counselor. The policy should be made clear to all in-service participants.

Step 4. An awareness of personal feelings and attitudes regarding suicide is a training consideration. Because many adults are uncomfortable when faced with the issue of suicide, and are often in denial that childhood suicide can occur (Barrio, 2007), identification and referral procedures may not transpire. Due to the time limitations in the one-hour format, the exploration of beliefs and attitudes might require a didactic approach, in which the school counselor acknowledges that feelings of discomfort are normal and emphasizes that even if there is doubt regarding the student's intentions, it is essential to err on the side of caution and refer the student to the school counselor. If time is available to help school staff explore personal feelings and beliefs surrounding suicide, the Suicide Opinion Questionnaire (Domino, Moore, Westlake, & Gibson, 1982) offers various statements about the acceptability of suicide, its relationship to mental illness and religion, and its relationship to personality characteristics.

Step 5. Role plays or case examples provide school faculty and staff an opportunity to recognize potential suicidal behavior and understand referral procedures. Case examples need not be detailed but should include the risk factors discussed in the training. For example, a school counselor may portray a student talking with a friend about life being hopeless, and teachers can pretend they have overheard the comments and discuss what they would do to assist at-risk students.

Step 6. Evaluation, an essential component for program improvement, serves two purposes: (a) to gauge the effectiveness of workshop format and materials, and (b) to assess the amount of knowledge gained. The pretest in Appendix A also may be used as a posttest to assess knowledge gained from workshop participation. Participant feedback also can be used to improve future training, and school counselors should share this information with administrators and discuss changes for future workshops.

Additional Training Activities for Consideration

Additional activities that could be incorporated in the presentation include asking staff to write down phrases or sentences they have heard that may be verbal warning signs of suicide. Or, counselors could read a short story about adolescent suicide to school staff so they become more familiar with feelings experienced by suicidal students. More extensive role plays can be performed to help demonstrate how to recognize and refer suicidal students. Each of these suggestions depends on the time available and the unique needs of a particular site.

CONCLUSION

It is vital that school counselors provide suicidal awareness training to faculty and staff, and this article outlines a framework for implementing this type of workshop. Because time is a major concern of school counselors, the workshop model is designed for easy implementation while still allowing flexibility for school counselors to adapt this prototype based on the needs of their own schools. This type of training adds to a comprehensive, proactive prevention approach to student suicide. ■

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All school staff should learn that nearly all suicidal students try to let someone know how they feel before attempting suicide.

APPENDIX A

Pretest Examples

Decide whether each of these statements is true (T) or false (F):

1. Suicides are most likely to occur around the winter holidays (F)
2. Talking about suicide increases the likelihood that a student will attempt suicide (F)
3. Females attempt suicide more often than males (T)
4. Elementary-aged children almost never attempt suicide (F)
5. Firearms, poisoning, and stabbing are the most common suicide methods used by children and adolescents (F)
6. Most people who are suicidal really want to die (F)
7. Alcohol and drug use increase the risk of suicide (T)
8. Generally speaking, African Americans are more likely to commit suicide than European Americans (F)
9. People who commit suicide are unwilling to seek help (F)
10. Suicide is caused by family and social stress (F)

Select the best answer for each question:

1. If I thought a student was suicidal, I would: (C)
- **a.** Try to talk the student out of it
- **b.** Call the student's parents
- **c.** Talk with the school counselor about the student
- **d.** Encourage the student to talk with the school counselor

2. Which of the following are verbal cues to suicide? (E)
- **a.** I wish I could just disappear
- **b.** Life is hopeless
- **c.** No one would care if I die
- **d.** B and C only
- **e.** A, B, and C

3. Which of the following is true? (B)
- **a.** Females usually attempt suicide because they want attention
- **b.** Males complete suicide more often than females because they use guns
- **c.** Females are more likely to complete suicide than males because they use more lethal means
- **d.** Males are more likely to attempt suicide because they do not like to talk about their problems

4. Children and adolescents from which of the following ethnic groups are most likely to attempt suicide? (B)
- **a.** African American
- **b.** European American/Caucasian
- **c.** Hispanic/Latino
- **d.** Asian American

5. Which of the following increase(s) the risk for suicidal behavior? (D)
- **a.** Family conflict
- **b.** Poor coping skills
- **c.** Lower socioeconomic status
- **d.** A and B only
- **e.** A, B, and C

Adapted from www.suicidology.org/associations/1045/files/youth2004.pdf, www.save.org/basics, and www.nimh.nih.gov/publicat/suicidefacts.pdf